

CLAIMS ONLY						Application Number		Filing Date	
						Applicant(s)			
* May be used for additional claims or amendments									
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend
1			/				51		
2				/			52		
3			/				53		
4				/			54		
5				/			55		
6				/			56		
7			/				57		
8							58		
9							59		
10							60		
11							61		
12							62		
13							63		
14							64		
15							65		
16							66		
17							67		
18							68		
19							69		
20				/			70		
21							71		
22				/			72		
23							73		
24				/			74		
25							75		
26				/			76		
27							77		
28				/			78		
29							79		
30				/			80		
31							81		
32				/			82		
33							83		
34				/			84		
35							85		
36							86		
37							87		
38							88		
39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
Total Indep			3						
Total Depend			32						
Total Claims			35						